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FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS	
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*If the difference in column 1 is less than zero, enter "0" in column 2 *If the difference in column 1 is less than zero, enter "0" in column 2 *CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) *CLAIMS AS AMENDED - PART II (Column 3) **REMAINING AFTER PREVIOUSLY PAID FOR **IT total	
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	DDI- ONAL FEE
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TOTAL OR TOTAL ADDIT, FEE	700
(Column 1) (Column 2) (Column 3)	
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☐ Total • Minus •• □ X\$9= OR X\$18=	
Total Minus Minus Minus X\$9= OR X\$18=	
PIRST PRESENTATION OF MULTIPLE DEPENDENT COURS	
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE	

Application or Docket Number